

**Antelope Valley Community Clinic**  
**Sliding Fee Scale - Dental**  
Based on 2016 Federal Poverty Guidelines

% of Poverty Family Size/Income	ANNUAL INCOME							
	100%		138%		200%		Above 200%	
	Above	Below	Above	Below	Above	Below	Above	
1	\$0	\$ 11,880	\$ 11,881	\$ 16,394	\$ 16,395	\$ 23,760	\$ 23,761	
2	\$0	\$ 16,020	\$ 16,021	\$ 22,108	\$ 22,109	\$ 32,040	\$ 32,041	
3	\$0	\$ 20,160	\$ 20,161	\$ 27,821	\$ 27,822	\$ 40,320	\$ 40,321	
4	\$0	\$ 24,300	\$ 24,301	\$ 33,534	\$ 33,535	\$ 48,600	\$ 48,601	
5	\$0	\$ 28,440	\$ 28,441	\$ 39,247	\$ 39,248	\$ 56,880	\$ 56,881	
6	\$0	\$ 32,580	\$ 32,581	\$ 44,960	\$ 44,961	\$ 65,160	\$ 65,161	
7	\$0	\$ 36,730	\$ 36,731	\$ 50,687	\$ 50,688	\$ 73,460	\$ 73,461	
8	\$0	\$ 40,890	\$ 40,891	\$ 56,428	\$ 56,429	\$ 81,780	\$ 81,781	
9	\$0	\$ 45,050	\$ 45,051	\$ 62,169	\$ 62,170	\$ 90,100	\$ 90,101	
10	\$0	\$ 49,210	\$ 49,211	\$ 67,910	\$ 67,911	\$ 98,420	\$ 98,421	

% of Poverty Family Size/Income	MONTHLY INCOME							
	100%		138%		200%		Above 200%	
	Above	Below	Above	Below	Above	Below	Above	
1	\$0	\$ 990	\$ 991	\$ 1,366	\$ 1,367	\$ 1,980	\$ 1,981	
2	\$0	\$ 1,335	\$ 1,336	\$ 1,842	\$ 1,843	\$ 2,670	\$ 2,671	
3	\$0	\$ 1,680	\$ 1,681	\$ 2,318	\$ 2,319	\$ 3,360	\$ 3,361	
4	\$0	\$ 2,025	\$ 2,026	\$ 2,795	\$ 2,796	\$ 4,050	\$ 4,051	
5	\$0	\$ 2,370	\$ 2,371	\$ 3,271	\$ 3,272	\$ 4,740	\$ 4,741	
6	\$0	\$ 2,715	\$ 2,716	\$ 3,747	\$ 3,748	\$ 5,430	\$ 5,431	
7	\$0	\$ 3,061	\$ 3,062	\$ 4,224	\$ 4,225	\$ 6,122	\$ 6,123	
8	\$0	\$ 3,408	\$ 3,409	\$ 4,702	\$ 4,703	\$ 6,815	\$ 6,816	
9	\$0	\$ 3,754	\$ 3,755	\$ 5,181	\$ 5,182	\$ 7,508	\$ 7,509	
10	\$0	\$ 4,101	\$ 4,102	\$ 5,659	\$ 5,660	\$ 8,202	\$ 8,203	

CHC Program Discount:	Minimum Fee	30% Discount	Patient Pays Full Charges
Periodic Oral Exam	\$18	\$25	\$35
Complete Exam & X-rays	\$25	\$35	\$50
Cleanings	\$25	\$35	\$50
Deep Cleaning per Quad	\$38	\$53	\$75
Deep Cleaning All	\$100	\$140	\$200
Crown-Porcelain	\$250	\$350	\$500
Crown-Metal	\$200	\$280	\$400
Root canal-Anterior	\$200	\$280	\$400
Root canal-Bicuspid	\$250	\$350	\$500
Kids 0-12 X-rays and Exams	\$23	\$32	\$45
Kids 13-18 X-Rays and Exams	\$25	\$35	\$50
Filling -One Surface	\$35	\$49	\$70
Filling -Two Surface	\$40	\$56	\$80
Filling-Three Surface	\$50	\$70	\$100
Filling-Four or more Surface	\$60	\$84	\$120
Partial Dentures-Acrylic	\$200	\$280	\$400
Partial Dentures-Cast Metal	\$350	\$490	\$700
Dentures Upper or Lower	\$300	\$420	\$600
Extractions-Simple	\$40	\$56	\$80
Extractions-Surgical	\$70	\$98	\$140

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For Family Units with more than 10 members, for each additional member add \$4,160.

Pharmacy, Laboratory, X-Ray, and Other Diagnostic Services are Charged Separately from the Office Visit Charge

Revised 10.1.15